

Enter & view Report:

healthwatch
Trafford

Beech House,
Partington
December 2016





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What is Enter & View?

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation - so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they need to inform the Enter and View lead representative who will inform the service manager, ending the visit. In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the Care Quality Commission [CQC] where they are protected by legislation if they raise a concern.

Acknowledgements

Healthwatch Trafford would like to thank the management, staff and residents of Beech House Care Home for their contribution to the Enter & View programme.

Disclaimer

Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all service users, only an account of what was observed and contributed at the time.



Details of the visit

Purpose of the visit

Review of Care Home provision in Trafford

Service Address

Beech House Care Home, Manchester Rd, Partington, M31 4DJ

Service provider

Rosewood Healthcare Group

Date and time of visit

Thursday 8 December 2016 - 10am - 12.00pm

Authorised representatives

Bonnie Hadfield, Jacqueline Blain and Joseph Burke

Contact details

Healthwatch Trafford, Sale Point, Sale, Trafford M33 6AG



Executive Summary

Overall, the outcome of this Enter and View is positive. The authorised representatives felt that the standard of care at Beech House is good. Beech House Nursing Home's manager of 17 years has recently retired and the home is currently being managed by the Rosewood Healthcare Area Manager. The home provides a pleasant and safe environment that is reflected in the responses from the residents that have expressed that they felt safe, happy and well looked after at the home. Beech House Nursing Home Care Services are delivered to residents housed in two separate buildings on the same site, the main building is a large house, the other is a bungalow.

The Enter and View representatives' observations concluded:

- That residents are willing to share their views.
- That residents appeared comfortable with their surroundings.
- Staff were observed responding to residents' needs in a friendly and considerate manner.
- The home promotes social inclusion, it provides a combined conservatory, lounge and dining area and a garden.
- The home offers a variety of activities that residents can participate in.
- That there is a secure environment with staff on-site 24 hours a day, 7 days per week.
- That residents are able to see a doctor and other health professionals when required.

On the day of the visit the management of the home was extremely helpful in supplying information and showing the Enter and View representatives around the home.



Purpose of the Visit

The visit is part of an ongoing planned series of visits to care homes to discover what residents and their families think about the health and social services that are provided and identify examples of good working practice by:

- Observing & identifying best practice in the provision of care homes ‘for vulnerable older people requiring social care or nursing care’
- Observing residents and relatives engaging with the staff and their surroundings
- Capturing the experience of residents and relatives

Strategic Drivers

- Ageing population in Trafford requiring care homes
- ‘Good practice’ policy Healthwatch Trafford
- Care Quality Commission & partners ‘dignity and wellbeing’ strategy, which states that:

‘People using services are treated with respect and dignity at all times while they are receiving care and treatment. To meet this regulation, providers must make sure that they provide care and treatment in a way that ensures people’s dignity and treats them with respect at all times. This includes making sure that people have privacy when they need and want it, treating them as equals and providing any support they might need to be autonomous, independent and involved in their local community’. [<http://www.cqc.org.uk/content/regulation-10-dignity-and-respect>]

Methodology


This was an announced Enter and View visit.

Contact was made with the manager of Beech House Nursing Home explaining our reasons for the visit. Posters were supplied to alert our visit to staff, residents and family members. We also supplied the link to the home’s page on the Healthwatch Trafford feedback centre and asked if this could be distributed to friends and family of residents.

Some predetermined questions were available to the Enter and View team carrying out the visit and these can be found at Appendix 1. Answers to questions that we posed to the Manager prior to the visit can be found at Appendix 2. We have included the Manager’s responses corresponding to the feedback in the body of the report. It was agreed with the manager that the visit would last approximately two to three hours.

We were guided by staff to the residents we could approach to answer our questions. We had discussions with the following:

- Talked to six residents* and one visitor plus management staff



**Permission to speak to residents was received from residents prior to any conversation taking place.*

The visit

Introduction

Beech House Care Home is privately owned and part of the Rosewood Healthcare Group. The home is situated on the main road on entering Partington. Beech House care services are delivered to residents housed in two separate buildings on the same site, the main building is a large house and the other a bungalow. The home can accommodate 28 residents, at the time of our visit there were 27 people living at the home. The house provides accommodation for people requiring nursing care, the bungalow provides residential care. The house has a communal lounge area and large conservatory used as a dining room. The bungalow has eight bedrooms and a small dining area and separate small lounge area.

The residents are senior (mostly over 65 years) many requiring support to manage their care needs. The length of time that people have been at the home is varied. We were informed by management that a local GP visit the home twice a week. Other outside services such as podiatry, hairdresser and other specialist services are available and regularly used by residents. The home has staff on-site 24 hours to provide care and support [full details on page nine].


Observations

Beech House Nursing Home is set in its own grounds easily accessed from the main road with car parking space for a number of cars. There is a large garden space at the rear of the building for residents use.

On entering the home there were a plethora of notices and leaflets displayed on the notice board. Notices were displayed in prominent positions throughout the home and this included fire notices and evacuation procedure. There was no picture board or information on staff members displayed. The menu for the day was displayed in the porch.

The home is clean and bright and there is pleasant ambience. The nurses' station is located in the communal lounge area of the house enabling staff to observe and attend to residents needs quickly. There is space in the house to enable residents who could move around freely to do so comfortably. The bungalow which provides residential care appeared quieter. On the day of the visit we observed no activities taking place for the residents living at the bungalow.

The house is a two story building with a lift to the upper floor. All bedrooms are single rooms each containing washbasin and a commode. Full bathrooms are available within the house with facilities for showering and a full adjustable bath. Bedrooms have the residents name on their doors and some doors have visual signage to help a person to find their bedroom. All rooms we observed were clean and comfortable.



The conservatory is dual purpose doubling up as the dining area. The kitchen is situated adjacent to the communal lounge enabling residents and staff to access refreshments promptly. Residents can choose where they wish to have their meals.

The length of time that people had been living at the home varied. It was not possible to interview some residents due to their mental capacity.

Residents and Families' Views

Wellbeing

When we asked a question on how friendly and helpful staff are we received a number of comments such as:

“Staff friendly and helpful I am able to request a hot drink when necessary”

“Happy here, the staff are nice”

“The care is good. I have little use of my hands so it is helpful to have people who can do things for me”

We received a negative comment from one resident who was not happy with the night-time staff. The resident stated that when she has asked members of the night staff to change the pad that she is wearing she has been refused with staff telling her that the pad is a good pad and she will have to wait until morning.

The same resident had no complaints about the daytime staff.


On the day of the visit the majority of the residents that we spoke to said they were happy at the home. One resident informed us that she knew the home before she came to live there and that it was her decision to come to Beech House and that she felt content with the decision she made.

Another resident informed us that she is mostly confined to bed but is very proud of some of the tapestries she had made that are displayed on her bedroom wall and of the family photographs she has in her room.

One resident felt that the space in the lounge and dining area of the bungalow is a ‘little cramped’. Another person gave a negative view of the environment in the bungalow stating that in their opinion it was not as nice an environment or provides the care that takes place in the main building of the home; adding that there is less staff on duty in the bungalow.

Care

When we asked management what the home’s procedure is to reduce falls and pressure ulcers we were informed that falls risk assessments are carried out for all residents as part of the care planning process and where necessary appropriate equipment is purchased to alert staff to residents getting up and mobilising and being at risk of falling.



When asked what action is taken to reduce pressure ulcers the manager informed us that the home uses the Waterlow Risk Assessment Tool ¹ to identify level of risk of pressure ulcers developing and if there is a risk then specialist equipment is purchased immediately. The home carries out a pressure relieving equipment audit monthly and that the home has recently purchased new equipment throughout the home.

On infection control the management informed us that hand sanitizer dispensers are fitted around the home, the Enter and View team observed the sanitizer dispensers at the entrances and exits with notices advising staff and visitors to use them accordingly. We were told by the manager that the home provides staff training on infection control and infection control audits are carried out by management which are audited by an external auditor.

The manager notified the Enter and View team that care reviews are carried out when there is necessity to review someone's individual care plan due to a change in care needs that all residents have a care plan which is devised by staff, family and the resident. Not all residents are able to participate in their care plan due to their dementia.

We asked management if visitors and family have concerns how do they feedback to management at the home and we were told that the home has a complaints procedure and that the following takes place:

- the home has a 'open door policy' (*management available to residents and staff at all time*)
- residents and relatives' surveys are conducted
- the home holds residents and relative six monthly meetings


During the visit the Enter and View team did observe the complaints procedure displayed on the home's notice board.

We were told a 30-minute staff hand-over period is observed on a daily basis to ensure a smooth continuity of care for residents. The manager informed us that staff supervisions and appraisals meetings are carried out and any issues or concerns can be identified in these meetings.

We asked how feedback is obtained from residents who find it difficult to communicate and the manager gave us a number of examples of how this is done such as:

- getting to know the residents as individuals over a period of time
- being aware of body language
- facial expression
- signs of agitation and other behavioural changes
- via representatives who know the resident well

The manager informed us that there is a Registered Nurse and two care staff are on duty through the night. During the day there is a Registered Nurse, four care staff who work in the nursing home and two care staff who work in the bungalow when the home is at full capacity. If a resident is poorly and needs a staff member to attend to them for any length of time than a staff member is allocated to do so.



The manager told us that a local GP practice have together with the home set in place a routine that the GP visits the home twice a week. This arrangement was working well to the benefit of the home, residents and the GP practice.

The Enter and View team were informed that prior to residents being discharged from hospital back to the home, an assessment is carried out by management to evaluate if care needs have changed. The home would liaise with the family and the social worker to discuss alternative care arrangements.

The manager explained that as Beech House is dual registered providing residential care and nursing care and that if a resident who previously accessed residential care at the home has been assessed as now requiring nursing care, then the individual can return to Beech House if there is a vacancy within the nursing sector of the home.

The manager informed us that the hospital discharge is improving now that they (Beech House) have a cut off time of 4.00pm for accepting residents back into the home.

¹ The Waterlow **pressure ulcer risk assessment/prevention policy tool** is a system used in the UK by nurses, healthcare professionals and carers who are dealing directly with patient/clients.

Daily routine

One lady informed us that she has a regular carer to get her out of bed and dressed, that she likes to get up very early and that this isn't a problem and weather permitting she does go out into the garden. She enjoyed the meals and informed us that there was a choice of dishes; the home provides menus with a choice of two to three items at each meal time. Some residents told us that they prefer to breakfast in their own room but will eat in the dining room at other times in the day. Staff told us that there is flexibility regarding eating times for residents but this was mainly during the morning when residents can get up and eat to suit themselves. Staff told us that relatives are able to have meals at the home and that one resident has her husband come for lunch every day.

On the day of the visit we observed the Beech House menus and learnt that the home caters for special food needs. Drinks were provided with meals and throughout the day. The consensus from the small number of residents that we spoke to is that the meals at Beech House are good.

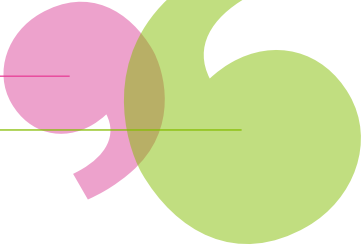
When we asked how residents were receiving medication we were informed that medication is administered by the Registered Nurse at the home.

Safety & Environment

The Enter and View team noted that all fire escape routes were clearly indicated and all procedures were evident. The home provides staff training on fire safety procedures.

The manager informed us that Beech House security is good, that staff use a keypad system to access both the house and the bungalow that makes it easy for staff to move between both buildings easily and quickly. There are stair gates installed within the house as this building covers more than one floor.

Bedroom doors are open or closed depending on the choice of the resident. One resident told us she prefers to have her bedroom door closed unless it's very warm. We received comments such as:



“I feel safe and the security is good”

“I feel very safe”

“I feel safe and like the environment”

There are two care staff and one qualified nurse on duty throughout the night and four to six care staff [depending on capacity see page 9 of this report] and one qualified nurse on duty during the day to attend to residents’ needs.

Fundamentals

When we asked residents about their bathing rota we were informed that they get baths regularly, however, one resident commented:

“I don’t always get a bath, I miss it and would like to have one a least once a week”

The residents informed us that they were happy with the laundering of their clothes. The management told us that the laundry is done on site. On the day of the visit all residents appeared neat, clean and well attired.

During the visit we spoke to one relative who told us that she was generally very happy with the home.

The manager informed us that there is no restriction on visiting times that Beech House has open visiting, however they do ask visitors to avoid meal times where possible in the best interest of the resident. When we spoke to residents the number of visitors varied with some residents having visitors on a daily basis. On the day of the visit we observed relatives visiting the home.

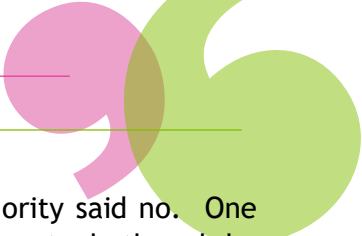
Inclusion

On the day of the visit the Enter and View team didn’t observe any activities. The home displayed a notice board outlining activities that take place at the home. Residents informed us that they have regular activities and that the home has a friendly atmosphere. One resident told us that the home has craft activities but she doesn’t want to take part. Another resident stated that she felt included within the life of the home and doesn’t feel alone.

Management informed us that that they ‘have someone’ who comes to the home twice a week to do activities for residents who can participate. We were told that church services for the home is partly supplied on a one-to-one basis by a variety of local Churches (there are four in close proximity of the home) and that the Catholic Church holds a service in one of the larger resident lounges for those who wish to attend.

On the day and time of the visit (10am to 12pm) the Enter and View team observed that some residents were still in bed either by need or choice.

Is there anything you would change?



When we asked if there was anything residents would change the majority said no. One lady said she would like to return to her own home as she doesn't always get a bath and she misses it. We received a comment from one resident who told us that that living space within the bungalow is limited.

Another resident stated: *"I am very happy and enjoy living at Beech House and wouldn't want to leave"*

Additional information

We were told by the manager that obtaining qualified staff was sometimes a challenge. Agency staff were sometimes used and the same agency always provided Beech House with employees. The manager added that the location of the home caused difficulties for staff using public transport. The bus service was not ideal for normal shift times so in some cases the home worked a split shift system to accommodate this difficulty.

Request for further information from provider:

Question 1. If a resident request for their pad to be changed during the night is this at the discretion of the staff as report on page 6 of this report?

The Manager's response:

Further to your request for more information I can confirm that if a Resident ask to use the toilet or have a pad changed then a staff member will under normal circumstances assist the Resident with their request. It is not the normal trend that a staff member would advise a Resident to keep a soiled pad on or use it as an alternative to using the toilet.

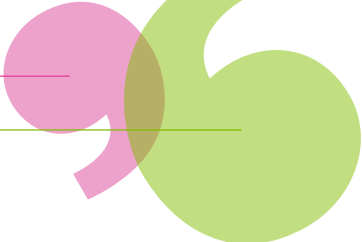
As a Resident has advised you that this was the case in for them myself and the new Manager are addressing this with the Night staff at a formal meeting which has been planned for tomorrow night.

Unfortunately, as we discussed at the feedback we do use a lot of agency staff so it may just be the case that on this occasion it was an agency staff member who did this. However, if it wasn't and it turns out to be one of our contracted staff members then hopefully we will get a strong message across to them at the meeting tomorrow.

Question 2. What is the procedure for residents bathing requirements, are residents able to take a bath when they want one?

The Manager's response:

Individuals bathing needs are agreed as part of the care planning process and then the staff are available to assist where needed.



Question 3. What activities take place for the residential residents living in the bungalow?

The Manager's response:

The Activities co-ordinator plans and assists with activities for all the Residents in the Bungalow as well as in the Nursing home. If we arrange for external entertainment to come into the home, we ensure that the Residents in the bungalow are involved and included.

Question 4. How often does staff supervision and appraisals take place?

The Manager's response:

Staff supervisions are planned for 2-3 monthly and appraisals yearly.

Recommendations

1. That procedures and checks are in place to ensure that residents are able to access the correct support for their night-time toileting needs from night-time care staff and that agency staff are fully briefed on the policies and procedures to ensure continuity of care.
2. To encourage residents to report their concerns and requests to staff or to raise them in residents' meetings



Appendix - 1: Predefined Questions Whilst on Visit

- **Wellbeing** - Are you happy here, what do you like best? Is there something you don't like?
- **Care** - Could you tell me about how the staff care for you? (Friendly? Helpful? Treat you with dignity?) If you have a problem, do you know how to ask for help?
- **Daily routine** - Does a regular carer help you to start the day? Can you tell me about your meals? (where do you have them & what are they like?) If you need medication, who gives it to you and when?
- **Safety & Environment** - How safe do you feel? Are you able to move about the home yourself?
- **Fundamentals** - Are you able to bathe when you want? What happens when clothes need washing? Can you have visitors when you want?
- **Inclusion** - What activities are available at the home? Can you go out by yourself?
- **Is there anything you would change?**
- **Further comments** - is there anything else you'd like us to know about?

Appendix - 2: Questions answered by the Manager Beech House Nursing Home prior to the Enter and View visit

Date: Thursday, December 8th 2016 -Completed by Manager Lorraine Sharpe

Questions for Management	Response
<p>0.1. Night time staff cover: <i>How do they deal with residents who need the toilet during this period?</i></p> <p><i>What happens if someone is taken ill and a member of staff has to attend for any length of time</i></p>	<p>We have a Registered Nurse and 2 care staff on waking night duty throughout the working night to assist with the Resident needs.</p> <p>If a Resident is poorly and needs a staff member to attend to them for any length of time, then a staff member is allocated to do so.</p>
<p>0.2 Infection control <i>How is this maintained i.e. with visitors and amongst staff</i></p>	<p>We have hand sanitizer dispensers fitted around the home at entrances/exits with notices advising staff and visitors to use them accordingly. Additionally, we provide staff training on infection control and we carry out infection control audits. We are also audited by an external auditor.</p>
<p>0.3 Are security and fire procedures evident? <i>Are escape routes clearly indicated?</i></p>	<p>All escape route is clearly indicated and procedures evident. Staff training is provided.</p>
<p>0.4 What actions does the home take to reduce falls/pressure ulcers?</p>	<p>Falls Risk assessments are carried out for all Residents as part of the care planning process and where necessary appropriate equipment is purchased to alert staff to Residents getting up and mobilising and being at risk of falling. The home uses the waterlow risk assessment tool to identify level of risk of pressure ulcers developing. If there is a risk, then specialist equipment is purchased immediately. Pressure ulcer audits carried out monthly. Pressure relieving equipment audit carried out. Recently purchased new equipment throughout the home.</p>
<p>0.5 If visitors and family have concerns how do they feedback to Management <i>What is the home's procedure for gathering residents /family and carers concerns or comments and what is the homes following procedure?</i></p>	<p>We have a Complaints procedure and an Open door policy. We conduct Staff supervisions & appraisals. We conduct residents and Relatives surveys. We hold residents and relatives 6 monthly meeting.</p>



Questions for Management	Response
0.6 How often do you carry out a family and carers review?	Care reviews are carried out when there is a necessity to review someone individual care plan due to a change in care needs.
0.7 Discharge from hospitals <i>What happens if management consider residents not able to return to home.</i> <i>Does the home have any concerns around discharge of their residents from hospital settings?</i>	If a Resident is unable to return to the home following admission to hospital, we would liaise with the family and the Social worker to discuss alternative care arrangements. If the individual was 'Residential' now requiring 'Nursing' we may be able to accommodate if we have a vacancy as we are dual Registered.
0.8 How many residents would have the capacity to answer our questions?	Approximately 7 / 27 currently in Residence.
0.9 How do you get feedback from your residents that find it difficult to communicate?	By getting to know the Residents as individuals over a period of time. Body language. Facial expressions. Agitation. Behaviours. Via representatives who know them well.



Distribution

This report will be sent to the following organisations:

The Care Quality Commission (CQC)

Trafford Council

Healthwatch England

Trafford Health Scrutiny Committee

It will also be published online on the Healthwatch Trafford website

(www.healthwatchtrafford.co.uk)



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